Effective October 1, 2003 10 756 90 3													
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENTITY OTHER THAN					
TOTAL CLAIMS			24					RATE	FEE	7.	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	24 minus 20=		. 4			X\$ 9=		OR	X\$18=	72		
INI	EPENDENT C	6 minus 3 =		• 3			X43=	 	1	X86=	05%		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			П			╂╾╾	OR	·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
a Make a d'Managara in palement in lange				then some peter "O" in column 2				+145=		OR	+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	· L	OR	TOTAL	1/017		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS - REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	- 2	4	•		X\$ 9=	†	OR	X\$18=		
	Independent	· 6	Minus	(0	•		X43-		OR	X86=		
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145±		OR	+290=		
			•					TOTAL		OR	YOYAL ADDIT, FEE		
8.	-3106	(Column 1)		(Colum	nn 2)	(Column 3)	ĺ		-				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	-2	Ÿ	. /		X\$ 9=		OR	X\$18=		
	Independent	. 6	Minus		10	1		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OR	YOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)							
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		•		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***			ŀ	X43=			X86=		
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		-			OR			
• #	the entry is set-	mn 1 is lose than th	entry in ark.	ma 9	YP in and	erro 3.	L	+145=		OR	+290=		
 #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, writer "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OTAL ADDIT. FEE												
		ber Previously Pak					four	d in the ap	propriate box	in cob	mn 1.		

Application or Docket Number